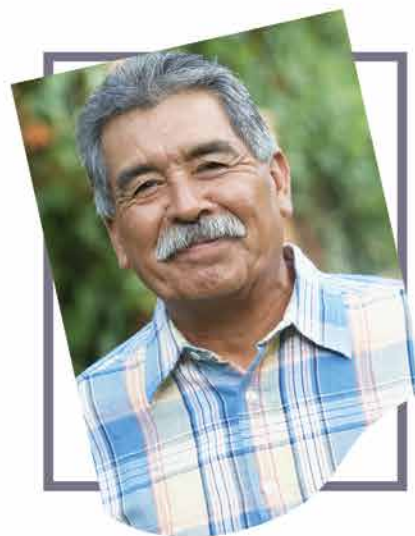


TRICARE  
For Life

## TRICARE<sup>®</sup> *For Life Handbook*



### *Important Information*

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TRICARE Web Site:	<a href="http://www.tricare.mil">www.tricare.mil</a>
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#### *TRICARE For Life Contractor*

Wisconsin Physicians Service:	1-866-773-0404
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TRICARE For Life Web Site:	<a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a>
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#### *TRICARE North Region Contractor*

Health Net Federal Services, LLC:	1-877-TRICARE (1-877-874-2273)
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Health Net Web Site:	<a href="http://www.hnfs.com">www.hnfs.com</a>
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#### *TRICARE South Region Contractor*

Humana Military, a division of Humana Government Business:	1-800-444-5445
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Humana Military Web Site:	<a href="http://HumanaMilitary.com">HumanaMilitary.com</a>
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#### *TRICARE West Region Contractor*

UnitedHealthcare Military & Veterans:	1-877-988-WEST (1-877-988-9378)
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UnitedHealthcare Web Site:	<a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a>
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Medicare:	1-800-MEDICARE (1-800-633-4227)
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Social Security Administration:	1-800-772-1213
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### **An Important Note About TRICARE Program Information**

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. Military hospital and clinic guidelines and policies may be different than those outlined in this publication. For the most recent information, contact the TRICARE For Life contractor or your local military hospital or clinic. More information regarding TRICARE, including the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices, can be found online at **[www.tricare.mil](http://www.tricare.mil)**. See the inside back cover of this handbook for “TRICARE Expectations for Beneficiaries.”

### **Keep Your DEERS Information Up To Date!**

It is essential to keep information in the Defense Enrollment Eligibility Reporting System (DEERS) current for you and your family. Failure to update DEERS to accurately reflect the sponsor's or family member's residential address and/or the ineligibility of a former dependent could be considered fraud and a basis for administrative, disciplinary, and/or other appropriate action.

### **TRICARE Meets the Minimum Essential Coverage Requirement under the Affordable Care Act**

The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of “minimum essential coverage.” Please note that the TRICARE program is considered minimum essential coverage. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with federal tax returns. Watch for future communications from TRICARE or visit **[www.tricare.mil/aca](http://www.tricare.mil/aca)** for more information about your minimum essential coverage requirement. You can also find other health care coverage options at **[www.healthcare.gov](http://www.healthcare.gov)**.

# Important Contact Information

Use this page as a guide for the most important resources available to you.

TRICARE Web site: **www.tricare.mil**

## TRICARE For Life Contractor

Wisconsin Physicians Service (WPS) administers the TRICARE For Life (TFL) benefit and should be your primary contact for TRICARE-related customer service needs in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). International SOS Government Services, Inc. (International SOS) administers the TFL benefit overseas.

General Contact Information	Grievances	Claims
Phone: <b>1-866-773-0404</b> Online: <b>www.TRICARE4u.com</b> Written Correspondence: WPS/TRICARE For Life P.O. Box 7889 Madison, WI 53707-7889	E-mail: <b>reportit@wpsic.com</b> WPS/TRICARE For Life ATTN: Grievances P.O. Box 8974 Madison, WI 53708-8974	WPS/TRICARE For Life (stateside) P.O. Box 7890 Madison, WI 53707-7890  TRICARE Overseas Program (Eurasia-Africa) P.O. Box 8976 Madison, WI 53708-8976 USA  TRICARE Overseas Program (Latin America and Canada) P.O. Box 7985 Madison, WI 53707-7985 USA  TRICARE Overseas Program (Pacific) P.O. Box 7985 Madison, WI 53707-7985 USA

## Defense Enrollment Eligibility Reporting System (DEERS)

*You have several options for updating and verifying DEERS information:*

In Person	Phone or Fax
Visit a local identification card-issuing facility. Find a facility near you at <b>www.dmdc.osd.mil/rsl</b> . Call to verify location and business hours.	<b>1-800-538-9552</b> (phone) <b>1-866-363-2883</b> (TDD/TTY) <b>1-831-655-8317</b> (fax)
Online	Mail
milConnect: <b>http://milconnect.dmdc.osd.mil</b>	Defense Manpower Data Center Support Office 400 Gigling Road Seaside, CA 93955-6771

## TRICARE Regional Contractors

Regional contractors provide health care services and support in the TRICARE regions and can help TFL beneficiaries with prior authorizations, but do not provide referrals for TFL beneficiaries. You may go to [www.medicare.gov](http://www.medicare.gov) for assistance in locating physicians, hospitals, home health agencies, or suppliers of durable medical equipment in your area. See the following table for contact information for the three U.S. regional contractors. If you are overseas, your TRICARE Overseas Program (TOP) contractor is International SOS. Contact your TOP Regional Call Center listed below or visit [www.tricare-overseas.com](http://www.tricare-overseas.com).

### Regional Contractors (Stateside)

TRICARE North Region	TRICARE South Region	TRICARE West Region
<b>Health Net Federal Services, LLC</b> 1-877-TRICARE (1-877-874-2273) <a href="http://www.hnfs.com">www.hnfs.com</a>	<b>Humana Military, a division of Humana Government Business</b> 1-800-444-5445 <a href="http://HumanaMilitary.com">HumanaMilitary.com</a>	<b>UnitedHealthcare Military &amp; Veterans</b> 1-877-988-WEST (1-877-988-9378) <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a>

### Regional Contractor (Overseas)

TRICARE Eurasia-Africa	TRICARE Latin America and Canada	TRICARE Pacific
<b>TRICARE Overseas Program (TOP) Regional Call Center</b> +44-20-8762-8384 ( <i>overseas</i> ) 1-877-678-1207 ( <i>stateside</i> ) <a href="mailto:tricarelon@internationalsos.com">tricarelon@internationalsos.com</a>	<b>TOP Regional Call Center</b> +1-215-942-8393 ( <i>overseas</i> ) 1-877-451-8659 ( <i>stateside</i> ) <a href="mailto:tricarephl@internationalsos.com">tricarephl@internationalsos.com</a>	<b>TOP Regional Call Centers</b> Singapore: +65-6339-2676 ( <i>overseas</i> ) 1-877-678-1208 ( <i>stateside</i> ) <a href="mailto:sin.tricare@internationalsos.com">sin.tricare@internationalsos.com</a>  Sydney: +61-2-9273-2710 ( <i>overseas</i> ) 1-877-678-1209 ( <i>stateside</i> ) <a href="mailto:sydricare@internationalsos.com">sydricare@internationalsos.com</a>

### Other Contact Information

For More Information	Resource Numbers	Web Sites
<b>Medicare</b>	1-800-633-4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
<b>Social Security Administration</b>	1-800-772-1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
<b>TRICARE Pharmacy Program</b>	1-877-363-1303	<a href="http://www.tricare.mil/pharmacy">www.tricare.mil/pharmacy</a> <a href="http://www.express-scripts.com/TRICARE">www.express-scripts.com/TRICARE</a>
<b>TRICARE Dental Program</b>	1-855-638-8371 ( <i>stateside</i> ) 1-855-638-8372 ( <i>overseas</i> ) 1-855-638-8373 ( <i>TDD/TTY</i> )	<a href="http://www.metlife.com/tricare">www.metlife.com/tricare</a>
<b>TRICARE Retiree Dental Program</b>	1-888-838-8737	<a href="http://www.trdp.org">www.trdp.org</a>
<b>Customer Service Community Directory</b> (find a Beneficiary Counseling and Assistance Coordinator or a Debt Collection Assistance Officer)	See Web site	<a href="http://www.tricare.mil/bcaedcao">www.tricare.mil/bcaedcao</a>
<b>Find a military hospital or clinic</b>	See Web site	<a href="http://www.tricare.mil/mtf">www.tricare.mil/mtf</a>
<b>Receive benefit correspondence via e-mail</b>	See Web site	<a href="http://milconnect.dmdc.osd.mil">http://milconnect.dmdc.osd.mil</a>





## *Welcome to TRICARE For Life*

TRICARE For Life (TFL) is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence.

TFL provides comprehensive health care coverage. You have the freedom to seek care from any Medicare-participating or Medicare-nonparticipating provider, or military hospital or clinic on a space-available basis. Medicare-participating providers file your claims with Medicare. After paying its portion, Medicare automatically forwards the claim to

TRICARE for processing (*unless you have other health insurance [OHI]*). TRICARE pays after Medicare and OHI for TRICARE-covered health care services. See “Finding a Provider” in the *Getting Care* section of this handbook for information regarding provider types.

This handbook will help you make the most of your TFL coverage. You will find information about eligibility requirements, getting care, and claims. This handbook also provides details about your pharmacy and dental coverage options.

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# How TRICARE For Life Works

## Eligibility

TRICARE For Life (TFL) is available to TRICARE beneficiaries, regardless of age or place of residence, if you have Medicare Part A and Medicare Part B. You are eligible for TFL on the date that you have both Medicare Part A and Medicare Part B.

### TRICARE Eligibility Requirements

When you are entitled to premium-free Medicare Part A:

- Medicare Part B coverage is required to remain TRICARE-eligible if you are a(n):
  - Retired service member (*including retired National Guard and Reserve members drawing retirement pay*)
  - Family member of a retired service member
  - Medal of Honor recipient or eligible family member
  - Survivor of a deceased sponsor
  - Eligible former spouse
- Medicare Part B coverage is **not** required to remain TRICARE-eligible if:
  - You are an active duty service member (ADSM) or active duty family member (ADFM) (*ADSMs and ADFMs remain eligible for TRICARE Prime or TRICARE Standard and TRICARE Extra options while the sponsor is on active duty. However, when the sponsor retires, you must have Medicare Part B to remain TRICARE-eligible. See “Medicare Part B [Medical Insurance]” later in this section for information about the Medicare Part B special enrollment period for ADSMs and ADFMs.*)

- You are enrolled in TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), or the US Family Health Plan (USFHP) (*While you are not required to have Medicare Part B to remain eligible for TRS, TRR, or USFHP, you are strongly encouraged to sign up for Medicare Part B when first eligible to avoid paying a late-enrollment premium surcharge if you enroll at a later date.*)

**Note:** Regardless of age, ADFMs who have Medicare Part A may enroll in TRICARE Prime if they live in a Prime Service Area (PSA) or, with a drive-time waiver, within 100 miles of an available primary care manager. A PSA is a geographic area where TRICARE Prime is offered. It is typically an area near a military hospital or clinic. The TRICARE Prime enrollment fee is waived for any TRICARE Prime beneficiary who has Medicare Part B, regardless of age. For more information, visit [www.tricare.mil/prime](http://www.tricare.mil/prime).

## Understanding Medicare

TFL is managed by the Department of Defense. Medicare is managed by the Centers for Medicare & Medicaid Services (CMS). The two agencies work together to coordinate benefits.

Medicare is a federal entitlement health insurance program for people:

- Age 65 or older
- Under age 65 with certain disabilities
- Any age with end-stage renal disease (ESRD)



### Medicare Part A (*Hospital Insurance*)

Medicare Part A covers inpatient hospital care, hospice care, inpatient skilled nursing facility care, and some home health care. The Social Security Administration (SSA) determines your entitlement to Medicare Part A based on your work history or your spouse's (*this includes divorced or deceased spouses*) work history. You are eligible for premium-free Medicare Part A at age 65 if you or your spouse has 40 quarters or 10 years of Social Security-covered employment.

If you are not entitled to premium-free Medicare Part A when you turn 65 under your own Social Security number (SSN), but your spouse is, you must file for benefits under your spouse's (*this includes divorced or deceased spouses*) SSN if he or she is 62 or older. If your spouse is not yet 62, and you anticipate that he or she will be eligible for premium-free Medicare Part A at age 65, you should sign up for Medicare Part B when first eligible at age 65 to avoid paying a late-enrollment premium surcharge. You should then file for Part A benefits under your spouse's record two months before he or she turns 62.

**Note:** If neither spouse will be eligible for premium-free Medicare Part A, neither will need Medicare Part B to remain TRICARE-eligible.

### Medicare Part B (*Medical Insurance*)

Medicare Part B covers provider services, outpatient care, home health care, durable medical equipment, and some preventive services. Medicare Part B has a monthly premium, which may change annually

and varies based on income. If you sign up after your initial enrollment period for Medicare Part B, you may have to pay a late-enrollment premium surcharge (*10 percent for each 12-month period that you were eligible to enroll in Medicare Part B but did not*) for as long as you have Medicare Part B. For specific information about your Part B premium and/or surcharge amount, contact SSA at **1-800-772-1213**.

Medicare allows ADSMs and ADFMs who are entitled to Medicare based on age or disability (*does not apply to those with ESRD*) to delay Part B enrollment and sign up during a special enrollment period, which waives the late-enrollment premium surcharge. The special enrollment period for ADSMs and ADFMs is available anytime the sponsor is on active duty or within eight months following either (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Medicare Part B before their sponsor's active duty status ends.

**Note:** ADSMs and ADFMs with ESRD do not have a special enrollment period and should enroll in Medicare Part A and Part B when first eligible.

### USFHP and Medicare Entitlement

If you are a USFHP beneficiary under age 65 and are entitled to premium-free Medicare Part A based on ESRD, you are strongly encouraged to have Medicare Part B (*except for ADFMs*). If you are

enrolled in USFHP and entitled to Medicare based on disability or age, you are not required to have Medicare Part B.

### **Medicare Entitlement Based on a Disability**

If you receive Social Security disability benefits, you are entitled to Medicare in the 25th month of receiving disability payments. CMS will notify you of your Medicare entitlement date.

If you return to work and your Social Security disability payments are suspended, your Medicare entitlement continues for up to eight years and six months. When your disability payments are suspended, you will receive a bill every three months for your Medicare Part B premiums. You must continue to pay your Medicare Part B premiums to remain eligible for TRICARE coverage.

### **Medicare Entitlement Based on ESRD**

If you are eligible for Medicare benefits based on ESRD, enroll in Medicare Part A and Part B when you are first eligible to remain TRICARE-eligible. ADSMs and ADFMs with ESRD do not have a special enrollment period and, therefore, should enroll in Part B when first eligible to avoid the Part B late-enrollment premium surcharge.

### **Medicare Entitlement Based on Amyotrophic Lateral Sclerosis**

If you have amyotrophic lateral sclerosis (*also called Lou Gehrig's disease*), you automatically get Medicare Part A and Part B the month your disability begins.



### **Medicare Entitlement Based on Age**

The Medicare entitlement age is 65. If you already receive retirement benefits from the SSA or the U.S. Railroad Retirement Board, you will automatically be entitled to Medicare Part A and Part B the month you turn 65 or the month prior if your birthday falls on the first of the month.

If you are age 65 or older and do not receive Social Security or U.S. Railroad Retirement Board benefits, you must apply for Medicare benefits. Your Medicare initial enrollment period is a seven-month period.

- If your birthday falls on the first of the month, your initial enrollment period begins four months before the month you turn 65. Enroll no later than two months before the month you turn 65 to avoid a break in TRICARE coverage. You are eligible for Medicare coverage on the first day of the month before you turn 65.

- If your birthday falls on any day other than the first of the month, your initial enrollment period begins three months before the month you turn 65. Enroll no later than one month before your birth month to avoid a break in TRICARE coverage. You are eligible for Medicare on the first day of the month you turn 65.

**Enroll in Medicare Part B when first eligible to avoid a break in TRICARE coverage.** If you sign up after your initial enrollment period, you may have to pay a late-enrollment premium surcharge for as long as you have Part B. The Medicare Part B surcharge is 10 percent for each 12-month period that you were eligible to enroll in Part B but did not.

Your Part B premiums are automatically taken out of your Social Security or U.S. Railroad Retirement Board checks. If you do not receive these types of payments, Medicare bills you every three months for Part B premiums.

**Note:** If you live in Puerto Rico and already receive SSA or U.S. Railroad Retirement Board benefits, you will automatically receive Medicare Part A; however, you must sign up for Part B.

### **Medicare Entitlement Based on an Asbestos-Related Disease**

If you have been diagnosed with an asbestos-related disease (*e.g., mesothelioma*) and lived in Lincoln County, Montana, for a total of at least six months during a period ending 10 years or more before the diagnosis, you are eligible for Medicare. Your Medicare coverage will be effective the month after you sign up.

## **Frequently Asked Questions: Medicare**

**I will be 65 soon and will become entitled to Medicare. I work full time and have employer group health plan coverage, and I don't plan on retiring for a few more years. Medicare says I can delay my Part B enrollment if I have employer group health plan coverage. How does this affect my TRICARE benefit?**

If you are entitled to premium-free Medicare Part A, you must also have Part B to remain TRICARE-eligible, even if you have group health plan coverage based on current employment. Medicare allows individuals with group health plan coverage based on current employment to delay Part B enrollment and sign up during a special enrollment period, which waives the late-enrollment premium surcharge. If you or your spouse still works and has group health plan coverage through current employment, you may sign up for Medicare Part B during a special enrollment period, which is available anytime while you or your spouse are currently working and covered by employer-sponsored coverage, or within the eight months following either (1) loss of employment or (2) loss of group health plan coverage, whichever comes first.

If you choose to delay enrollment in Medicare Part B and rely solely on your group health plan coverage, sign up for Part B before you retire or lose group health plan coverage to ensure your TRICARE coverage under TFL will begin immediately following the end of your group health plan coverage. Your TFL coverage begins on the

first day you have both Medicare Part A and Part B coverage.

**If I am not entitled to premium-free Medicare Part A when I turn 65, can I still use TFL?**

Because you are not entitled to premium-free Medicare Part A, you do not need Medicare Part B to keep your TRICARE benefit. You do not transition to TFL. You may continue enrollment in TRICARE Prime if you live in a PSA, or use TRICARE Standard and TRICARE Extra. For information about TRICARE program options, visit the TRICARE Web site at [www.tricare.mil](http://www.tricare.mil).

If you are not eligible for premium-free Medicare Part A under your own SSN when you turn 65, you must file for benefits under your spouse's (*this includes divorced or deceased spouses*) SSN if he or she is 62 or older. If your spouse is not yet 62, you must file for benefits under his or her SSN two months before he or she turns 62.

If you will be eligible under your spouse's SSN in the future, you should sign up for Medicare Part B during your initial enrollment period to avoid paying a Part B late-enrollment premium surcharge. Even if you are not entitled to premium-free Medicare Part A, you are eligible for Part B at age 65. See "Medicare Entitlement Based on Age" earlier in this section for more information.

If you sign up for Medicare and are not eligible for premium-free Part A under your or your spouse's (*this includes divorced or deceased spouses*) SSN, you

receive a "Notice of Award" or "Notice of Disapproved Claim" from SSA. To keep your TRICARE coverage, take the "Notice(s) of Award" or "Notice(s) of Disapproved Claim" to a uniformed services identification (ID) card-issuing facility to have your Defense Enrollment Eligibility Reporting System (DEERS) record updated and receive a new ID card. This allows you to keep your eligibility for TRICARE Prime or TRICARE Standard and TRICARE Extra after you turn 65.

**Note:** Uniformed services ID card-issuing facilities will not accept an SSA *Report of Confidential Social Security Benefit Information* form (SSA-2458) as proof of ineligibility for premium-free Part A to keep your TRICARE eligibility.

**How TRICARE For Life Works with Medicare** .....

Medicare and TFL work together to minimize your out-of-pocket expenses. However, there are instances when some health care costs may not be covered by Medicare and/or TFL.

**Medical Services Covered by Medicare and TRICARE**

When you see a participating or nonparticipating Medicare provider, you have no out-of-pocket costs for services covered by both Medicare and TFL. Most health care services fall into this category. After Medicare pays its portion of the claim, TFL pays the remaining amount and you pay nothing.

As the primary payer, Medicare approves health care services for payment. If Medicare does not pay because it determines that the care is not medically necessary, TFL also does not pay. You may appeal Medicare's decision and, if Medicare reconsiders and provides coverage, TFL also reconsiders coverage.

If a health care service is covered by both Medicare and TFL, but Medicare does not pay because you have used up your Medicare benefit, TFL becomes the primary payer. In this case, you are responsible for your TFL deductible and cost-shares.

If a health care service is normally covered by both Medicare and TFL, but you receive the service from a provider who has opted out of Medicare, the provider cannot bill Medicare and, therefore, Medicare will pay nothing. When you see an opt-out provider, TFL will process the claim as the second payer, unless you have other health insurance (OHI). TFL pays the amount it would have paid if Medicare had processed the claim (*normally TFL pays 20 percent of the TRICARE-allowable charge*) and you are responsible for the remainder of the billed charges.

Similarly, U.S. Department of Veterans Affairs (VA) providers cannot bill Medicare and, therefore, Medicare will pay nothing. When you see a VA provider for non-service connected injuries or illnesses, TFL will process the claim as the second payer. TFL will pay up to 20 percent of the TRICARE-allowable charge.

Opt-out providers establish private contracts with patients. Under a private contract, there are no limits on what the provider can charge for health care services.

### **Medical Services Covered by Medicare but Not by TRICARE**

When you receive care that is covered by Medicare only (*e.g., chiropractic care*), Medicare processes the claim as the primary payer. TFL makes no payment, regardless of any action Medicare takes. You are responsible for the Medicare deductible and cost-shares.

### **Medical Services Covered by TRICARE but Not by Medicare**

When you receive care that is covered only by TFL (*e.g., TRICARE-covered services received overseas*), TRICARE processes the claim as the primary payer. You are responsible for the applicable TFL deductible, cost-shares, and remaining billed charges. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible and cost-shares. Visit [www.tricare.mil/overseas](http://www.tricare.mil/overseas) for more information.

TFL claims are normally filed with Medicare first; however, when a health care service is not covered by Medicare, your provider may file the claim directly with Wisconsin Physicians Service (WPS), unless you have OHI. See the *Claims* section of this handbook for more information.



## Medical Services Not Covered by Medicare or TRICARE

When you receive care that is not covered by Medicare or TFL (*e.g., most cosmetic surgery*), neither makes a payment on the claim. You are responsible for the entire bill.

For more information on covered services, visit [www.medicare.gov](http://www.medicare.gov) or [www.tricare.mil/coveredservices](http://www.tricare.mil/coveredservices) or contact WPS.

See Figure 1.1 for TFL out-of-pocket costs.

## Coordinating TRICARE For Life with Other Health Insurance

How Medicare coordinates with OHI depends on whether or not the OHI is based on current employment. In either case, TFL is the last payer.

### OHI Not Based on Current Employment

If you have OHI that is not based on your or a family member's current employment, Medicare pays first, your OHI pays second, and TFL pays last.

### OHI Based on Current Employment

Generally, if you have an employer-sponsored health plan based on current employment, that health plan pays first, Medicare pays second, and TFL pays last. If there are fewer than 20 employees in the employer-sponsored plan, Medicare pays first, the employer plan pays second, and TFL pays last.

When your OHI processes the claim after Medicare, you need to submit a claim to WPS for any remaining balance. See the *Claims* section of this handbook for more information.

**Note:** TRICARE pays after most insurance plans with the exception of Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Defense Health Agency.

*TRICARE For Life Out-of-Pocket Costs*

*Figure 1.1*

Type of Service	Medicare Pays	TRICARE Pays	You Pay
<b>Covered by TRICARE and Medicare</b>	Medicare-authorized amount	TRICARE-allowable amount	Nothing
<b>Covered by Medicare only</b>	Medicare-authorized amount	Nothing	Medicare deductible and cost-share
<b>Covered by TRICARE only</b>	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
<b>Not covered by TRICARE or Medicare</b>	Nothing	Nothing	Billed charges ( <i>which may exceed the Medicare- or TRICARE-allowable amount</i> )

## How TRICARE For Life Works Overseas

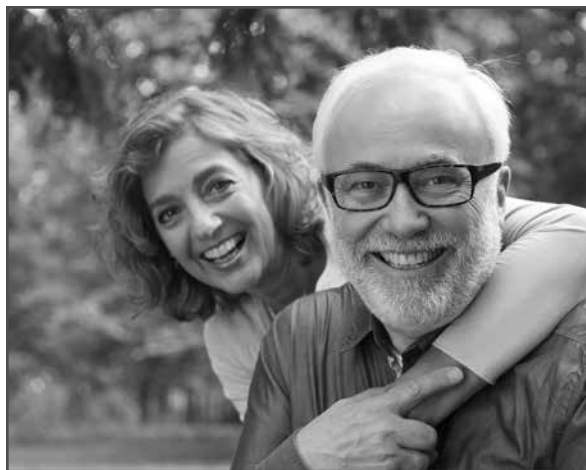
TRICARE is the only payer overseas. Medicare provides coverage in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Medicare also covers health care services received aboard ships in U.S. territorial waters. In these locations, TFL works exactly as it does in the United States. Unless you have OHI, TFL is the second payer after Medicare for most health care services. Your provider files the claim with Medicare first. Medicare pays its portion and automatically forwards the claim to WPS for processing.

Medicare does not provide coverage outside the United States, U.S. territories, and ships in U.S. territorial waters. Therefore, TFL is your primary payer for health care received in all other overseas locations, unless you have OHI.

TFL generally provides the same coverage as TRICARE Standard and has the same deductible and cost-shares for beneficiaries who live or travel overseas.

When seeking care from a host nation provider, area- or country-specific requirements may also apply. For requirements regarding getting care in the Philippines, see “Overseas Providers” in the *Getting Care* section of this handbook.

You should be prepared to pay up front for services and submit a claim to the TRICARE Overseas Program (TOP) claims processor. Claims for care received overseas are submitted directly to the TOP



claims-processing address for the area where you received care and must include proof of payment. See the *Claims* section of this handbook for more information.

### **Frequently Asked Questions: How TRICARE For Life Works**

#### **Does TFL pay for the Medicare Part B premium and deductible?**

The Medicare Part B monthly premium is your responsibility. TFL covers the Medicare Part B deductible as long as the health care service is covered by both Medicare and TRICARE.

#### **Using TFL seems so easy. Should I cancel my Medicare supplement, Medicare Advantage Plan, or OHI?**

You should carefully evaluate your health insurance needs to determine if you should continue Medicare supplements, Medicare Advantage Plans, or OHI. You may contact your local State Health Insurance Assistance Program for free health insurance counseling and assistance. For more information, visit <https://shipnpr.acl.gov>.

**Note:** If you drop your OHI coverage, you must notify WPS.

**I am a TFL beneficiary and a retired federal employee. Can I suspend my Federal Employees Health Benefits (FEHB) Program coverage to use TFL?**

Yes. You may suspend your FEHB coverage and premium payments at any time. Visit [www.opm.gov/forms](http://www.opm.gov/forms) to get a *Health Benefits Cancellation/Suspension Confirmation* form (RI 79-9). Eligible former spouses who have not remarried can get the form from the employing offices or retirement system maintaining their enrollments.

**Is a referral or TRICARE prior authorization required for health care services?**

A referral or TRICARE prior authorization is not required under TFL when Medicare is the primary payer. However, when TFL becomes the primary payer, TRICARE prior authorization requirements apply as they would for a TRICARE Standard beneficiary.

**I was enrolled in TRICARE Prime at a military hospital. I received a letter from the military hospital telling me I was no longer eligible for enrollment in TRICARE Prime. What does that mean?**

Once you become entitled to premium-free Medicare Part A because you are age 65, you are eligible for TFL when you also have Medicare Part B. You are no longer eligible for enrollment in TRICARE Prime, unless you have an active duty sponsor.

You may continue to seek care at a military hospital or clinic on a space-available basis, but will likely need to seek care from civilian Medicare providers. Contact Medicare for assistance with finding Medicare providers.

You may be able to sign up for TRICARE Plus. TRICARE Plus is a program that allows beneficiaries who normally are only able to get military hospital and clinic care on a space-available basis to enroll and receive primary care appointments at the military hospital or clinic. TRICARE Plus offers the same primary care access standards as beneficiaries enrolled in a TRICARE Prime option. Beneficiaries should contact their local military hospitals or clinics to determine if TRICARE Plus is available and whether they may participate in it.

Enrollment in TRICARE Plus at one military hospital or clinic does not automatically extend TRICARE Plus enrollment to another military hospital or clinic. The military hospital or clinic is not responsible for any costs when a beneficiary enrolled in TRICARE Plus seeks care outside the military hospital or clinic.

# Getting Care

## Finding a Provider

You may receive health care services from Medicare-participating and Medicare-nonparticipating providers, as well as from providers who have opted out of Medicare. If TRICARE For Life (TFL) is the primary payer, you must visit TRICARE-authorized providers and facilities. You will incur significant out-of-pocket expenses when you obtain care from opt-out providers, or when seeing a U.S. Department of Veterans Affairs (VA) provider for health care not related to a service-connected injury or illness. Costs vary according to the type of provider you see (*e.g., opt-out, VA*).

### Medicare-Participating Providers

Medicare-participating providers agree to accept the Medicare-approved amount as payment in full.

### Medicare-Nonparticipating Providers

Medicare-nonparticipating providers do not accept the Medicare-approved amount as payment in full. They may charge up to 15 percent above the Medicare-approved amount, a cost that will be covered by TFL.

### Opt-Out Providers

Providers who opt out of Medicare enter into private contracts with patients and are not allowed to bill Medicare. Therefore, Medicare does not pay for health care services you receive from opt-out providers. When you see an opt-out provider, TFL pays the amount it would have paid (*normally*



*20 percent of the allowable charge*) if Medicare had processed the claim, and you are responsible for paying the remainder of the billed charges. In cases where access to medical care is limited (*i.e., underserved areas*), TFL may waive the second-payer status for Medicare opt-out providers and pay the claim as the primary payer.

### Veterans Affairs Providers

VA providers cannot bill Medicare and Medicare cannot pay for services received from VA. If you are eligible for both TFL and VA benefits, you will incur significant out-of-pocket expenses when seeing a VA provider for health care not related to a service-connected injury or illness. If you receive care at a VA facility, you may be responsible for 80 percent of the bill. By law, TRICARE can only pay 20 percent of the TRICARE-allowable charge for these services. When using your TFL benefit,

your least expensive options are to see a Medicare-participating or Medicare-nonparticipating provider.

If you want to seek care from a VA provider, check with Wisconsin Physicians Service (WPS) by calling **1-866-773-0404** to confirm coverage details and determine what will be covered by TRICARE.

## Military Hospitals and Clinics

A military hospital or clinic is usually located on or near a military base. You may receive care at a military hospital or clinic on a space-available basis. See Figure 2.1 for military hospital and clinic appointment priorities.

*Military Hospital and Clinic Appointment Priorities*

*Figure 2.1*

<b>1</b>	Active duty service members
<b>2</b>	Active duty family members (ADFM) enrolled in TRICARE Prime
<b>3</b>	Retired service members, their families, and all others enrolled in TRICARE Prime or TRICARE Plus ( <i>primary care</i> )
<b>4</b>	ADFM not enrolled in TRICARE Prime TRICARE Reserve Select members and their families
<b>5</b>	Retired service members and their families, TRICARE Retired Reserve members and their families, beneficiaries enrolled in TRICARE Plus ( <i>specialty care</i> ), and all others not enrolled in TRICARE Prime

## Overseas Providers

With TFL overseas, you may generally use any host nation provider and receive care at military hospitals and clinics on

a space-available basis, except in the Philippines, where you are required to see a certified provider for care. Additionally, if you reside in the Philippines and seek care within designated Philippine Demonstration areas, you must see approved demonstration providers to ensure TRICARE cost-shares your claims, unless you request and receive a waiver from Global 24 Network Services. Visit **[www.tricare.mil/philippines](http://www.tricare.mil/philippines)** or **[www.tricare-overseas.com/philippines.htm](http://www.tricare-overseas.com/philippines.htm)** for more information.

When seeking care from a host nation provider, you should be prepared to pay up front for services and submit a claim to the TRICARE Overseas Program (TOP) claims processor. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductible and cost-shares.

For information on proof-of-payment requirements for submitting claims, see “Health Care Claims Overseas” in the *Claims* section of this handbook.

For more information about getting care overseas, call your TOP Regional Call Center or visit **[www.tricare-overseas.com](http://www.tricare-overseas.com)**.

## Emergency Care

TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety. The TRICARE benefit covers dental care that is necessary to treat a covered medical condition.



However, it does not cover routine or other dental services, including emergency dental care not related to a medical condition.

If you need emergency care in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), call 911 or go to the nearest emergency room. Make sure you present your Medicare card so your claim is filed with Medicare.

If traveling or living overseas, first attempt to seek care from the nearest military hospital or clinic. If a military hospital or clinic is not available, seek care from the nearest emergency care facility. You can contact the TOP Regional Call Center for your area or visit **www.tricare-overseas.com** for assistance in finding a host nation provider.

### **Urgent Care** .....

Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours. You could require urgent care for conditions such as a sprain or rising fever, as both of these conditions have the potential to develop into an emergency if treatment is delayed longer than 24 hours.

### **Mental Health Care** .....

Medicare helps cover visits with the following types of health care providers:

- A psychiatrist or other doctor
- Clinical psychologist
- Clinical social worker

- Clinical nurse specialist
- Nurse practitioner
- Physician's assistant

Medicare only covers these visits when they are provided by health care providers who accept Medicare payment. To help lower your costs, ask your health care providers if they accept assignment, which means they accept the Medicare-approved amount as payment in full, before you schedule an appointment.

For more information on Medicare's mental health care coverage, visit **www.medicare.gov**.

### **TRICARE Nurse Advice Line** .....

If it is after hours or you are not sure if you need to see a doctor, call TRICARE's Nurse Advice Line. Call **1-800-TRICARE (1-800-874-2273)** and select option 1, 24 hours a day, 7 days a week. You can talk to a registered nurse who can:

- Answer your urgent care questions
- Answer your pediatric care questions (*pediatric nurses are available*)
- Help you determine whether you need to see a doctor
- Help you find the closest urgent care center or emergency room
- Help you schedule same-day appointments at military hospitals or clinics if available

**Note:** The Nurse Advice Line is not intended for emergencies and is not a substitute for emergency treatment. If you think you may have a medical emergency, call 911 or go to the nearest emergency room.

## Prior Authorization for Care

When TFL becomes the primary payer (e.g., if your Medicare benefits run out), TRICARE prior authorization requirements apply.

Prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care. If you have a prior authorization from a TRICARE regional contractor (*Health Net Federal Services, LLC; Humana Military, a division of Humana Government Business; UnitedHealthcare Military & Veterans; or International SOS Government Services, Inc.*) that covers the dates on your claim, WPS will honor that prior authorization and no TFL prior authorization is required.

The *TRICARE For Life Authorization Request* form is available online at **www.TRICARE4u.com**. Providers should fill out the *TRICARE For Life Authorization Request* form and submit it to the fax number provided at the top right corner of the form.

If you have questions about prior authorization requirements, contact WPS. See the *Important Contact Information* section at the beginning of this handbook for the WPS Web site and toll-free number.

The following services require prior authorization:

- Adjunctive dental services (*i.e., dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition*)\*

- Extended Care Health Option services (*active duty service members only*)
- Home health care services
- Home infusion therapy
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or mental health care
- Outpatient mental health care visits beginning with the ninth visit per fiscal year (*October 1–September 30*) to a network provider for a medically diagnosed and covered condition (*Certain types of mental health care services are excluded and always require a referral or prior authorization. Contact your regional contractor for more details.*)
- Other mental health care services, such as partial hospitalization, child and adolescent psychiatric residential treatment center care, and outpatient psychoanalysis
- Transplants—all solid organ and stem cell
- Some prescription medications (*e.g., brand-name medications or those with quantity limitations*)

**Note:** This list is **not** all-inclusive. For details about prior authorization requirements, contact WPS.

\* For more information on TRICARE dental coverage, see “Dental Coverage” in the TRICARE For Life Coverage section of this handbook.

# TRICARE For Life Coverage



## Medical Coverage

TRICARE For Life (TFL) and Medicare cover proven, medically necessary, and appropriate care. TFL has special rules and limitations for certain types of care, and some types of care are not covered at all. TRICARE policies are very specific about which services are covered and which are not. It is in your best interest to take an active role in verifying coverage.

**Note:** Medicare also has limits on the amount of care it covers and, in some cases, TFL may cover these health care services after your Medicare benefits run out.

To determine if Medicare covers a specific service or benefit, visit [www.medicare.gov](http://www.medicare.gov) or call **1-800-633-4227**. To determine if TFL covers the service or benefit, visit the TRICARE Web site at [www.tricare.mil](http://www.tricare.mil) or contact Wisconsin Physicians Service at **1-866-773-0404**. See Figure 1.1 in the *How TRICARE For Life Works* section of this handbook for more information on your out-of-pocket costs.

Examples of services that are generally **not** reimbursable by TFL or Medicare include:

- Acupuncture
- Experimental or investigational services (*in most cases*)
- Eye examinations (*routine*)
- Hearing aids\*

**Note:** This list is **not** all-inclusive.

\* *Retired sponsors may be eligible for the Retiree-At-Cost Hearing Aid Program. If you are a retired service member and you need a hearing aid, call a participating military hospital or clinic. For more information, visit [www.militaryaudiology.org/rachap/state.html](http://www.militaryaudiology.org/rachap/state.html).*

## Dental Coverage

TRICARE offers two voluntary dental insurance programs, the TRICARE Dental Program (TDP) and the TRICARE Retiree Dental Program (TRDP).

### TRICARE Dental Program

The TDP provides worldwide dental coverage for eligible family members of active duty service members, survivors, National Guard and Reserve members and their families, and Individual Ready Reserve members and their families.

Former spouses and remarried surviving spouses do not qualify to purchase coverage. For more information about the TDP, visit [www.metlife.com/tricare](http://www.metlife.com/tricare) or call MetLife at **1-855-638-8371**.

## TRICARE Retiree Dental Program

The TRDP is available to retired service members and their eligible family members, including retired National Guard and Reserve members and their family members. The TRDP is also available to certain surviving family members of deceased active duty sponsors, and Medal of Honor recipients and their immediate family members and survivors. Former spouses and remarried surviving spouses do not qualify to purchase coverage. For information about the TRDP, including possible restrictions, visit [www.trdp.org](http://www.trdp.org) or call Delta Dental of California at 1-888-838-8737.

## Frequently Asked Questions: TRICARE For Life Coverage

### Does TFL cover long-term care?

No. Long-term care (*or custodial care*) is not a covered benefit. However, you may qualify to purchase long-term care insurance through commercial insurance programs or through the Federal Long Term Care Insurance Program.

For more information about the Federal Long Term Care Insurance Program, visit [www.opm.gov/insure/ltc](http://www.opm.gov/insure/ltc) or call 1-800-582-3337.

### Does TRICARE cover skilled nursing care?

TFL covers skilled nursing services; meals (*including special diets*); physical, occupational, and speech therapy; drugs furnished by the facility; and necessary medical supplies and appliances. Skilled nursing care is typically provided in a skilled nursing facility (SNF).

For TFL and Medicare to cover SNF admission, you must have had a medical condition that was treated in a hospital for at least three consecutive days, and you must be admitted to a Medicare-certified, TRICARE-participating SNF within 30 days of discharge from the hospital (*with some exceptions for medical reasons*). Your doctor's plan of care must demonstrate your need for skilled nursing services.

TFL is the primary payer for SNF care beyond Medicare's 100-day limit as long as the patient continues to require skilled nursing services and no other health insurance is involved. SNF care requires prior authorization on day 101, when TRICARE is the primary payer. TFL covers an unlimited number of days as medically necessary.

**Note:** SNF care is only covered in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*).

# Pharmacy

## Prescription Drug Coverage

TRICARE offers comprehensive prescription drug coverage and several options for filling your prescriptions. To fill a prescription, you need a prescription and a valid uniformed services identification (ID) card or Common Access Card. Your options for filling your prescriptions depend on the type of drug your provider prescribes. To learn more, search for your drug at [www.express-scripts.com/tricareformulary](http://www.express-scripts.com/tricareformulary). The TRICARE pharmacy benefit is administered by Express Scripts, Inc. (Express Scripts).

When traveling overseas, be prepared to pay up front for medications and file a claim for reimbursement for non-military hospital or clinic and non-network pharmacy services. TRICARE For Life (TFL) recommends that you fill all of your prescriptions before traveling overseas.

If you live or travel in the Philippines, you are required to use a certified pharmacy. For more information, visit [www.tricare-overseas.com/philippines.htm](http://www.tricare-overseas.com/philippines.htm).

Over-the-counter (OTC) drugs are not covered overseas. This includes drugs that are considered OTC in the United States, even when they require a prescription in a foreign country.

**Note:** You do not need a Medicare Part D prescription drug plan to keep your TRICARE prescription drug coverage.

## Filling Prescriptions

### Military Pharmacies

Military pharmacies are usually located within military hospitals and clinics. At a military pharmacy, you may receive up to a 90-day supply of most medications at no cost. Most military pharmacies accept prescriptions written by both civilian and military providers, regardless of whether or not you are enrolled at the military hospital or clinic.

Electronic prescribing (*e-prescribing*) is accepted at many military pharmacies in the United States, Puerto Rico, and Guam. This allows your civilian providers to send prescriptions electronically to military pharmacies near you. E-prescribing from a health care provider to a pharmacy reduces medication errors and offers more convenience. You can ask your provider to look for your local military pharmacy in the e-prescribing database/network.

Non-formulary medications are generally not available at military pharmacies. To check the availability of a particular drug, contact the nearest military pharmacy.

### TRICARE Pharmacy Home Delivery

There is no cost for TRICARE Pharmacy Home Delivery for active duty service members. For all other beneficiaries, there is no cost to receive up to a 90-day supply of generic formulary medications. Copayments apply for brand-name and non-formulary medications (*up to a 90-day supply*). Additionally, prescriptions are



delivered to you with free standard shipping, and refills can be easily ordered online, by phone, or by mail. Home delivery also provides you with convenient notifications about your order status, refill reminders, and assistance in renewing expired prescriptions. If you have questions about your prescriptions, pharmacists are available 24 hours a day, 7 days a week to speak confidentially with you.

For faster processing of your mail-order prescriptions, register before placing your first order. Once you are registered, your provider can send prescriptions electronically or by phone. Express Scripts sends your medications directly to your home within about 14 days of receiving your prescription.

**Note:** Overseas beneficiaries must have an APO/FPO address or be assigned to a U.S. Embassy or Consulate and have a prescription written by a U.S.-licensed provider to use home delivery. Refrigerated medications cannot be shipped to APO/FPO addresses. Beneficiaries residing in Germany cannot use the home delivery option due to country-specific legal restrictions. If you live in Germany, fill

prescriptions at military or host nation pharmacies.

If you have prescription drug coverage through other health insurance (OHI), you can use TRICARE Pharmacy Home Delivery only if the medication is not covered under your OHI or if you exceed the OHI's coverage limit.

Register for TRICARE Pharmacy Home Delivery using any of the options listed in Figure 4.1.

### **TRICARE Retail Network Pharmacies**

Another option for filling your prescriptions is through TRICARE retail network pharmacies. To fill prescriptions (*one copayment per 30-day supply*), present your written prescription and uniformed services ID card to the pharmacist.

This option allows you to fill your prescriptions at TRICARE retail network pharmacies throughout the country without having to submit a claim. You have access to approximately 57,000 TRICARE retail network pharmacies in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico,

*TRICARE Pharmacy Home Delivery Registration Methods*

*Figure 4.1*

<b>Online</b>	Visit <a href="http://www.express-scripts.com/TRICARE">www.express-scripts.com/TRICARE</a> .
<b>Phone</b>	Call <b>1-877-363-1303</b> or <b>1-877-540-6261</b> (TDD/TTY).
<b>Mail</b>	Download the registration form from <a href="http://www.express-scripts.com/TRICARE">www.express-scripts.com/TRICARE</a> , and mail it to:  Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072



and the U.S. Virgin Islands. Currently, there are no TRICARE retail network pharmacies in American Samoa.

Visit [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) or call **1-877-363-1303** for customer service, including finding the nearest TRICARE retail network pharmacy.

### **Non-Network Pharmacies**

When visiting non-network pharmacies, you pay the full price of your medication up front and file a claim for reimbursement. Reimbursements are subject to deductibles, out-of-network cost-shares, and TRICARE-required copayments. All deductibles must be met before any reimbursement can be made. For details about filing a claim, see the *Claims* section of this handbook.

## **Pharmacy Policy**

### **Quantity Limits**

TRICARE has established quantity limits on certain medications, which means the Department of Defense (DoD) pays for a specified, limited amount of medication each time you fill a prescription. Quantity limits are often applied to ensure medications are safely and appropriately used.

Exceptions to established quantity limits may be made if the prescribing provider can justify medical necessity or, in cases of natural disasters, as approved by TRICARE.

### **Prior Authorization**

Some drugs require prior authorization from Express Scripts. Medications requiring prior authorization may include, but are not limited to, prescription drugs specified by the DoD Pharmacy and

Therapeutics (P&T) Committee, brand-name medications with generic equivalents, medications with age limitations, and medications prescribed for quantities exceeding normal limits. Search for your drug at [www.express-scripts.com/tricareformulary](http://www.express-scripts.com/tricareformulary) to see if it is covered under TRICARE, requires prior authorization, or has quantity limits. You may also call **1-877-363-1303** for information about your drug.

### Generic Drug Policy

Generic drugs are medications approved by the U.S. Food and Drug Administration that are clinically equivalent to brand-name medications. Generic drugs provide the same safe, effective treatment as brand-name drugs. It is DoD policy to generally use generic formulary medications instead of brand-name medications whenever possible. A brand-name drug with a generic equivalent generally may be dispensed only after the prescribing physician completes a clinical assessment indicating the brand-name drug is medically necessary and after Express Scripts grants approval. Prescribers may call **1-866-684-4488** to submit a request for a brand-name drug to be dispensed instead of a generic, or a completed form may be faxed to **1-866-684-4477**. Find the *Brand over Generic Prior Authorization Request Form* by searching for the brand-name drug at [www.express-scripts.com/tricareformulary](http://www.express-scripts.com/tricareformulary). If a generic-equivalent drug does not exist or is not on the formulary, the brand-name drug is dispensed at the brand-name copayment.



If you fill a prescription for a brand-name drug that is not considered medically necessary and when a generic equivalent is available, you are responsible for paying the entire cost of the prescription.

### Non-Formulary Drugs

The DoD P&T Committee may recommend that certain drugs be placed in the third, “non-formulary” tier. These medications include any drug in a therapeutic class determined to be less clinically effective or less cost-effective than other drugs in the same class. Third-tier drugs are available through the TRICARE Pharmacy Program at an additional cost. You may be able to fill non-formulary prescriptions at formulary costs if your provider can establish medical necessity by completing and submitting the appropriate TRICARE pharmacy

medical-necessity form for the non-formulary medication. For forms and medical-necessity criteria, call Express Scripts at **1-877-363-1303** or search for the non-formulary medication at **[www.express-scripts.com/tricareformulary](http://www.express-scripts.com/tricareformulary)**.

**Note:** Some non-formulary drugs are only covered through home delivery. Check with Express Scripts before filling prescriptions for non-formulary drugs at a TRICARE retail network pharmacy.

For information on how to save money and make the most of your pharmacy benefit, visit **[www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy)** or **[www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE)**.

### Compound Drugs

Compound drugs are made by a pharmacist mixing multiple ingredients together to create a prescription drug that is specific to a beneficiary's needs. TRICARE screens all prescriptions for compound drugs to ensure each ingredient of the drug is safe, effective, and covered by TRICARE.

If your compound drug does not pass the initial screening, you have three options:

1. Your pharmacist may be able to use a different, approved ingredient.
2. Your doctor may prescribe a different drug.
3. Your doctor may request a prior authorization. (*If the prior authorization is denied, you can appeal that decision.*)

For more information, visit **[www.tricare.mil/compounddrugs](http://www.tricare.mil/compounddrugs)**.

### Specialty Medication Care Management

Specialty medications are usually high-cost; self-administered; injectable, oral, or infused drugs that treat serious chronic conditions (*e.g., multiple sclerosis, rheumatoid arthritis, hepatitis C*). These drugs typically require special storage and handling and are not readily available at your local pharmacy. Specialty medications may also have side effects that require pharmacist and/or nurse monitoring.

The Specialty Medication Care Management program is in place to improve your health through continuous health evaluation, ongoing monitoring, assessment of educational needs, and medication-use management. This program provides:

- Access to proactive, clinically based services for specific diseases and is designed to help you get the most benefit from your medication
- Monthly refill reminder calls
- Scheduled deliveries to specified locations
- Specialty consultation with a nurse or pharmacist at any point during your therapy

These services are provided to you at no additional cost when you receive your medications through TRICARE Pharmacy Home Delivery. Participation is voluntary.

If you or your provider orders a specialty medication from TRICARE Pharmacy Home Delivery, Express Scripts sends you additional information about the Specialty Medication Care Management program and how to get started.

With specific mailing instructions from you or your provider, TRICARE Pharmacy Home Delivery ships your specialty medication to your home. For your convenience and safety, TRICARE Pharmacy Home Delivery contacts you to arrange delivery before the medication is shipped.

Certain specialty medications may only be available through home delivery or retail pharmacies in the specialty network. The specialty network is a select network of retail specialty pharmacies in the TRICARE retail pharmacy network. These pharmacies have expertise in medication management for conditions that require specialty medications, and are able to provide these specialty medications to beneficiaries. Visit [www.express-scripts.com/TRICARE/pharmacy](http://www.express-scripts.com/TRICARE/pharmacy) to find a pharmacy in the specialty network.

## Pharmacy Claims

You do not need to file pharmacy claims for prescriptions filled at military pharmacies, through TRICARE Pharmacy Home Delivery, or at TRICARE retail network pharmacies. However, if you fill a prescription at a non-network pharmacy in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), you must pay the full price of your prescription up front and file a claim for reimbursement.

Currently, there are no TRICARE retail network pharmacies in American Samoa.

To file a claim:

1. Download the *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form (DD Form 2642) by visiting [www.tricare.mil/pharmacyclaims](http://www.tricare.mil/pharmacyclaims).
2. Complete the form and attach the required paperwork as described on the form.
3. Mail the form and paperwork to:

Express Scripts, Inc.  
TRICARE Claims  
P.O. Box 52132  
Phoenix, AZ 85072

Prescription claims require the following information for each drug:

- Patient's name
- Drug name, strength, date filled, days' supply, quantity dispensed, and price
- National Drug Code, if available
- Prescription number
- Name and address of the pharmacy
- Name and address of the prescribing physician
- Shipping invoice from OHI mail order pharmacy, if applicable
- Explanation of benefits from OHI, if applicable

If you have OHI with pharmacy benefits, see "Coordinating TRICARE For Life with Other Health Insurance" in the *How TRICARE For Life Works* section of this handbook. Call Express Scripts at **1-877-363-1303** with questions about filing pharmacy claims.





### Pharmacy Claims Overseas

Overseas, you may fill prescriptions at military pharmacies or through home delivery, if available. Otherwise, you will need to fill prescriptions at host nation pharmacies by paying the full cost up front and filing a claim with the TRICARE Overseas Program claims processor for reimbursement. You must submit proof of payment with all overseas pharmacy claims, including an itemized bill or invoice. For more information about how to file claims for prescriptions filled overseas, visit **[www.tricare.mil/pharmacyclaims](http://www.tricare.mil/pharmacyclaims)**.

### Pharmacy Claims Appeals

If you disagree with the determination on your pharmacy claim (*i.e., if your claim is denied*), you or your appointed representative have the right to request a reconsideration. The request (*or appeal*) for reconsideration must be in writing, signed, and postmarked or received by Express Scripts within 90 calendar days

from the date of the decision and must include a copy of the claim decision.

Your signed, written request must state the specific matter you disagree with and must be sent to the following address:

Express Scripts, Inc.  
P.O. Box 60903  
Phoenix, AZ 85082-0903

Additional documentation in support of the appeal may be submitted; however, because the request for reconsideration must be postmarked or received within 90 calendar days of the date of the decision, do not delay the request for reconsideration for the sake of additional documentation. If additional documentation will be submitted at a later date, the letter requesting reconsideration must state that additional documentation will be submitted and specify the expected date of submission. Upon receiving your request, all TRICARE claims related to the entire course of treatment are reviewed.

# Claims

## Health Care Claims in the United States

In most cases, your provider files your health care claims with Medicare first. Medicare pays its portion and, unless you have other health insurance (OHI), forwards the claim to TRICARE For Life (TFL) for processing.

However, when TFL is the primary payer (*e.g., if Medicare does not cover the health care service*), your provider may be required to file your claim directly with Wisconsin Physicians Service (WPS)/TFL. If you have OHI, you must file the claim with your OHI before filing with TFL.

You are responsible for making sure your claims are filed within one year of either the date of service or the date of an inpatient discharge. To file a claim with TFL, fill out a *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form (DD Form 2642). You can download forms and instructions from TRICARE at [www.tricare.mil/claims](http://www.tricare.mil/claims) or the WPS Web site at [www.TRICARE4u.com](http://www.TRICARE4u.com).

When filing a claim with TFL, include your *Medicare Summary Notice* and OHI explanation of benefits (EOB), if applicable.

Attach a readable copy of the provider's bill to the claim form, making sure it contains the following:

- Patient's name
- Sponsor's Social Security number (SSN) or Department of Defense Benefits

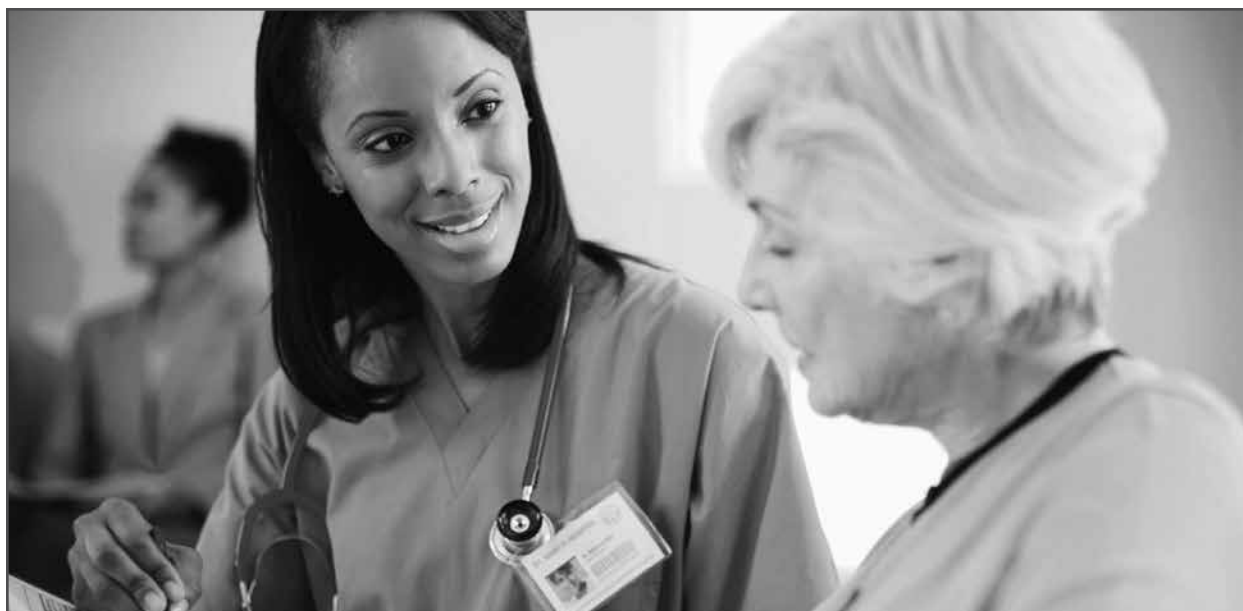
Number (DBN) (*Eligible former spouses should use their own SSNs or DBNs, not their sponsors'.*)

- Provider's name and address (*If more than one provider's name is on the bill, circle the name of the person who provided the service for which the claim is filed.*)
- Date and place of each service
- Description of each service or supply furnished
- Charge for each service
- Diagnosis (*If the diagnosis is not on the bill, complete block 8a on the form.*)

For care received in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), claims must be filed within one year of either the date of service or the date of an inpatient discharge. Send claims to the WPS/TRICARE For Life mailing address provided in the *Important Contact Information* section at the beginning of this handbook.

## Health Care Claims Overseas

You are required to submit proof of payment with all claims for care received overseas. Proof of payment may include a credit card receipt, canceled check, credit card statement, or invoice from the provider that clearly states payment was received. For more information, contact your TRICARE Overseas Program Regional Call Center and select option 2 for claims assistance or visit [www.tricare.mil/proofofpayment](http://www.tricare.mil/proofofpayment).



Unlike other TRICARE beneficiaries, TFL beneficiaries should file claims in the overseas areas where they received care.

Claims for care received overseas must be filed within three years of either the date of service or the date of an inpatient discharge. Send claims to the appropriate TRICARE Overseas Program mailing address provided in the *Important Contact Information* section at the beginning of this handbook.

### **Appealing a Claim or Prior Authorization Denial** .....

You may appeal decisions regarding claims payments or prior authorization denials of requested services. Medicare and TFL have separate appeals processes. Medicare-related appeals should be submitted to Medicare. You should only submit appeals to WPS if TFL is the primary payer.

### **Third-Party Liability** .....

If TRICARE is the primary payer, the Federal Medical Care Recovery Act allows TRICARE to be reimbursed for treatment costs if you are injured in an accident caused by someone else. The *Statement of Personal Injury—Possible Third-Party Liability* form (DD Form 2527) is sent to you if a claim appears to have third-party liability involvement. Within 35 calendar days, you must complete and sign this form and follow the directions for returning it to the appropriate claims processor. Visit [www.tricare.mil/claims](http://www.tricare.mil/claims) and click on “Third-Party Liability” to download *DD Form 2527*.

### **Explanation of Benefits** .....

A TRICARE EOB is not a bill. It is an itemized statement that shows the action TRICARE has taken on your claims. An EOB is for your information and files.

After reviewing the EOB, you have the right to appeal certain decisions regarding your claims and must do so in writing within 90 days of the date of the EOB notice. You should keep EOBs with your health insurance records for future reference.

For more information about appeals, visit **www.TRICARE4u.com** or see the *For Information and Assistance* section of this handbook.

### **Debt Collection Assistance Officers**

TRICARE Debt Collection Assistance Officers (DCAOs) are located at military hospitals and clinics and TRICARE Regional Offices to help resolve your TRICARE health care collection-related issues. Contact a DCAO if you received a negative credit rating or were contacted by a collection agency due to an issue related to your TFL claim.

When you visit a TRICARE DCAO for assistance, you must bring or submit documentation associated with a collection action or adverse credit rating, including debt collection letters, EOBs, and medical and/or dental bills from providers. The more information you provide, the faster the cause of the problem can be determined. The DCAO researches your claim, provides you with a written resolution of your collection problem, and informs the collection agency that action is being taken to resolve the issue.

DCAOs cannot provide legal advice or repair your credit rating, but they can help by providing documentation for the collection or credit-reporting agency to explain the circumstances relating to the debt.

Visit the Customer Service Community Directory at **www.tricare.mil/bcacdcao** to find a TRICARE DCAO near you.

TRICARE DCAOs can only assist you with TFL-related issues. Contact Medicare for assistance with Medicare-related issues.

# Life Changes: Keep Your DEERS Information Up To Date

TRICARE For Life (TFL) continues to provide health care coverage for you and your family as your life changes. However, you need to take specific actions to make sure you remain TRICARE-eligible. It is essential that you keep information in the Defense Enrollment Eligibility Reporting System (DEERS) current for you and your family. DEERS is a computerized database of uniformed service members (*active duty and retired*), their family members, and others who are eligible for military benefits, including TRICARE. Proper and current DEERS registration is key to receiving timely, effective TFL benefits.

**Note:** Your Social Security number (SSN) and the SSNs of each of your covered family members must be included in DEERS for TRICARE coverage to be reflected accurately.

Maintaining your DEERS information is your responsibility. It is essential to verify your information in DEERS anytime you have a life-changing event. You have several options for updating and verifying DEERS information. See the *Important Contact Information* section at the beginning of this handbook.

**Note:** Only sponsors (*or a sponsor-appointed individual with valid power of attorney*) can add a family member in DEERS. Family members age 18 and older may update their own contact information.

## Using milConnect To Update Information in DEERS

Active duty service members, retirees, and eligible family members can use the milConnect Web site to access health care eligibility and personnel information, uniformed services identification (ID) cards, and information on other benefits, including Servicemembers' Group Life Insurance.

You can also use milConnect to receive benefit notifications. When benefit changes occur, you will receive an e-mail directing you to log on to milConnect at <http://milconnect.dmdc.osd.mil>.

You can log on to milConnect's secure site using a Common Access Card (CAC), Defense Finance and Accounting Service myPay PIN, or Department of Defense (DoD) Self-Service Logon (DS Logon). You may visit a Veterans Affairs Regional Office to complete an in-person proofing process to request a DS Logon, or you may go online for a remote-proofing process. Visit <https://myaccess.dmdc.osd.mil> for more information. If you need a new ID card, you can visit a uniformed services ID card-issuing facility and request a DS Logon at the same time.



## Getting Married or Divorced

### Marriage

It is extremely important for sponsors to register new spouses in DEERS to ensure their TRICARE eligibility and coverage are reflected accurately. To register a new spouse in DEERS, the sponsor needs to provide a copy of the marriage certificate to the nearest uniformed services ID card-issuing facility. The new spouse is also required to show two forms of ID (e.g., any combination of Social Security card, driver's license, birth certificate, current uniformed services ID card, or CAC). Once your spouse is registered in DEERS, he or she receives a uniformed services ID card and is eligible for TRICARE. Your spouse must show his or her ID card to receive care.

### Divorce

Sponsors must update DEERS in the event of a divorce. The sponsor needs to provide a copy of the divorce decree, dissolution, or annulment.

### Former Spouse Coverage

Certain former spouses are eligible to continue TFL coverage as long as they:

- Do not remarry (*If a former spouse remarries, the loss of benefits remains applicable even if the remarriage ends in death or divorce.*)
- Are not covered by employer-sponsored health plans
- Are not also former spouses of North Atlantic Treaty Organization or Partners for Peace nation members
- Meet the requirements of one of the two situations described in Figure 6.1

Former spouses who are TFL-eligible must change their personal information in DEERS so their name and SSN or DoD Benefits Number (DBN) are listed for the primary contact information. The former spouse's TRICARE eligibility is shown in DEERS under his or her own SSN or DBN, not the sponsor's.

### Eligibility Situations for Former Spouses

Figure 6.1

1	<ul style="list-style-type: none"><li>• The former spouse must have been married to the same service member or former member for at least 20 years, and at least 20 of those years must have been creditable in determining the member's eligibility for retirement pay.</li><li>• If this requirement is met, the former spouse is eligible for TRICARE coverage after the date of the divorce, dissolution, or annulment.<sup>1</sup> Eligibility continues as long as the preceding requirements continue to be met and the former spouse does not remarry.</li></ul>
2	<ul style="list-style-type: none"><li>• The former spouse must have been married to the same service member or former member for at least 20 years, and at least 15—but less than 20—of those married years must have been creditable in determining the member's eligibility for retirement pay.</li><li>• If this requirement is met, the former spouse is eligible for TRICARE coverage for only one year from the date of the divorce, dissolution, or annulment.<sup>1</sup></li></ul>

1. For divorce decrees, dissolutions, or annulments on or before September 29, 1988, check DEERS for eligibility information.

Former spouses who are not eligible for TRICARE may not continue seeking health care services under the TRICARE benefit. If an ineligible former spouse continues to do so, the former spouse and/or the sponsor may have to reimburse TRICARE for those services.

## Children

Your dependents' coverage does not change because you are entitled to TFL. Any children who retain eligibility under the sponsor remain TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), as long as his or her DEERS information is current.

To extend coverage beyond your child's 21st birthday, contact your local ID card-issuing facility to verify what documentation is needed.

At age 21 (*or 23*), adult children may qualify to purchase TRICARE Young Adult (TYA) coverage until reaching age 26, and later, Continued Health Care Benefit Program (CHCBP) coverage. For more information on TYA, visit [www.tricare.mil/tya](http://www.tricare.mil/tya). For more information on CHCBP, visit [www.tricare.mil/chcbp](http://www.tricare.mil/chcbp).

**Note:** Children with disabilities may remain TRICARE-eligible beyond the normal age limits. Check with your sponsor's service for eligibility criteria.



## Moving

Whether you are moving across the street, or overseas, TFL moves with you. Just update your personal information in DEERS, find a provider who is a Medicare-participating or Medicare-nonparticipating provider (*in the United States and U.S. territories*)\* and TRICARE-authorized, and continue to receive care when you need it. See “Finding a Provider” in the *Getting Care* section of this handbook.

\* *The U.S. territories include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.*

## Survivor Coverage .....

If your TFL sponsor dies, you remain TRICARE-eligible and will continue to receive TFL benefits as long as your DEERS information is up to date and you are either of the following:

- A surviving spouse who has not remarried (*If you remarry, TRICARE eligibility cannot be regained later, even if you divorce or your new spouse dies.*)
- A surviving unmarried child under age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provided over 50 percent of the financial support*)

**Note:** Children with disabilities may remain TRICARE-eligible beyond normal age limits. Check with your sponsor's service for eligibility criteria.

## Suspension of Social Security Disability Insurance .....

Medicare coverage may continue up to eight years and six months following suspension of Social Security Disability Insurance payments. When Social Security Disability Insurance payments are suspended because you have returned to work, you will receive quarterly bills for the Medicare Part B premium. As long as you remain entitled to premium-free Medicare Part A, you must pay the Part B premium to maintain your TRICARE coverage.

# For Information and Assistance

## **Beneficiary Counseling and Assistance Coordinators**

TRICARE Beneficiary Counseling and Assistance Coordinators (BCACs) can help you with TRICARE For Life (TFL) questions and concerns, and they can advise you about obtaining health care. BCACs are located at military hospitals and clinics and TRICARE Regional Offices. To locate a BCAC, visit the Customer Service Community Directory at [www.tricare.mil/bcacdcao](http://www.tricare.mil/bcacdcao).

## **Your Right to Appeal a Decision**

If you believe a service or claim was denied improperly, in whole or in part, you (*or another appropriate party*) may file an appeal. An appeal must involve an appealable issue. For example, you have the right to appeal Medicare or TFL decisions regarding claims payments.

Medicare and TFL have separate claims processes. For most services, Medicare is your primary payer. To appeal a Medicare decision, follow the instructions on your *Medicare Summary Notice*. Contact Wisconsin Physicians Service (WPS) to appeal TFL decisions.

### **Medicare Denials**

Any services or supplies denied payment by Medicare and appealable under Medicare are not considered for coverage by TFL. However, if a Medicare appeal results in some payment by Medicare, TRICARE considers coverage as the second payer.

For more information on Medicare appeals, read the back of your *Medicare Summary Notice* or contact Medicare.

## **TRICARE For Life Appeals Requirements**

You may appeal a TFL denial of a requested prior authorization of services even if no care was provided and no claim was submitted. There are some things you may not appeal. For example, when TFL is the primary payer, you may not appeal the denial of care from a provider who is not TRICARE-authorized.

When services are denied based on medical necessity or a benefit decision, you are automatically notified in writing. The notification includes an explanation of what was denied or why a payment was reduced and the reasoning behind the decision.

## **Filing TRICARE For Life Appeals**

TFL appeals must be filed with WPS within 90 days from the date that appears on the explanation of benefits or denial notification letter. If you are not satisfied with a decision on an appeal, there may be further levels of appeal available to you. Your TFL appeal must meet the requirements listed in Figure 7.1 on the following page. For specific information about filing a TFL appeal, contact WPS.

Prior authorization denial appeals may be either expedited or non-expedited, depending on the urgency of the situation. You or an appointed representative must file for an

expedited review of a prior authorization denial within three calendar days of receipt of the initial denial. A non-expedited denial review must be filed no later than 90 days after receipt of the initial denial.

Appeals should contain the following:

- Beneficiary's name, address, and telephone number
- Sponsor's Social Security number (SSN) or Department of Defense Benefits Number (DBN)

- Beneficiary's date of birth
- Beneficiary's or appealing party's signature

A description of the issue or concern must include:

- The specific issue in dispute
- A copy of the previous denial determination notice
- Any appropriate supporting documents

### TRICARE For Life Appeals Requirements

Figure 7.1

<b>1</b>	<p>An appropriate appealing party must submit the appeal. Proper appealing parties include:</p> <ul style="list-style-type: none"> <li>• You, the beneficiary</li> <li>• Participating non-network providers</li> </ul> <p>If a party other than those listed above submits the appeal, you will generally be required to complete and sign an <i>Appointment of Representative</i> form, which is available on your regional contractor's Web site. Appeals submitted without this form will not be processed, except in the following cases:</p> <ul style="list-style-type: none"> <li>• A custodial parent submits an appeal on behalf of a minor beneficiary</li> <li>• An attorney files an appeal without specific appointment by the proper appealing party</li> </ul> <p><b>Note:</b> Network providers are not appropriate appealing parties, but may be appointed as representatives, in writing, by you.</p>
<b>2</b>	The appeal must be submitted in writing.
<b>3</b>	<p>The issue in dispute must be an appealable issue. The following are not appealable issues:</p> <ul style="list-style-type: none"> <li>• Allowable charges</li> <li>• Eligibility</li> <li>• Denial of services from an unauthorized provider</li> <li>• Denial of treatment plan when an alternative treatment plan is selected</li> </ul>
<b>4</b>	An appeal must be filed within 90 days of the date on the explanation of benefits or denial notification letter.
<b>5</b>	There must be an amount in dispute to file an appeal. In cases involving an appeal of a denial of prior authorization in advance of receiving the actual services, the amount in dispute is deemed to be the estimated TRICARE-allowable charge for the services requested. There is no minimum amount to request a reconsideration.



## Filing a Grievance

A grievance is a written complaint or concern about a non-appealable issue regarding a perceived failure by any member of the TFL health care delivery team, including TRICARE-authorized providers or military providers, to provide appropriate and timely health care services, access, or quality, or to deliver the proper level of care or service.

The TFL grievance process provides the opportunity to report, in writing, any concern or complaint regarding health care quality or service. Any TFL civilian or military provider; TFL beneficiary; sponsor; or parent, guardian, or other representative of an eligible dependent child may file a grievance. WPS is responsible for the investigation and resolution of all grievances.

Grievances are generally resolved within 60 days of receipt. Following resolution, the party that submitted the grievance is notified of the review completion.

Grievances may include such issues as:

- The quality of health care or services (*e.g., accessibility, appropriateness, level, continuity, timeliness of care*)
- The demeanor or behavior of providers and their staff members
- The performance of any part of the health care delivery system
- Practices related to patient safety

When filing a grievance, include the following information:

- Beneficiary's name, address, and telephone number
- Sponsor's SSN or DBN
- Beneficiary's date of birth
- Beneficiary's signature

A description of the issue or concern must include the following:

- Date and time of the event
- Name(s) of the provider(s) and/or person(s) involved
- Address of the event
- Nature of the concern or complaint
- Details describing the event or issue
- Any appropriate supporting documents

See the *Important Contact Information* section at the beginning of this handbook for grievance contact information at WPS. Contact Medicare to file Medicare-related grievances.

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## Notes

## Notes

## Notes

## *TRICARE Expectations for Beneficiaries*

According to the Department of Defense (DoD), as a TRICARE beneficiary, you should expect to have the following abilities and support:

- **Get information:** You should expect to receive accurate, easy-to-understand information from written materials, presentations, and TRICARE representatives to help you make informed decisions about TRICARE programs, medical professionals, and facilities.
- **Choose providers and plans:** You should expect a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care.
- **Emergency care:** You should expect to access medically necessary and appropriate emergency health care services as is reasonably available when and where the need arises.
- **Participate in treatment:** You should expect to receive and review information about the diagnosis, treatment, and progress of your conditions, and to fully participate in all decisions related to your health care, or to be represented by family members or other duly appointed representatives.
- **Respect and nondiscrimination:** You should expect to receive considerate, respectful care from all members of the health care system without discrimination based on race, color, national origin, or any other basis recognized in applicable law or regulations.
- **Confidentiality of health information:** You should expect to communicate with health care providers in confidence and to have the confidentiality of your health care information protected to the extent permitted by law. You also should expect to have the ability to review, copy, and request amendments to your medical records.

- **Complaints and appeals:** You should expect a fair and efficient process for resolving differences with health plans, health care providers, and institutions that serve you.

Additionally, DoD has the following expectations of you as a TRICARE beneficiary:

- **Maximize your health:** You should maximize healthy habits such as exercising, not using tobacco, and maintaining a healthy diet.
- **Make smart health care decisions:** You should be involved in health care decisions, which means working with providers to provide relevant information, clearly communicate wants and needs, and develop and carry out agreed-upon treatment plans.
- **Be knowledgeable about TRICARE:** You should be knowledgeable about TRICARE coverage and program options.
- **You also should:**
  - Show respect for other patients and health care workers.
  - Make a good-faith effort to meet financial obligations.
  - Use the disputed claims process when there is a disagreement.

TRICARE For Life  
Wisconsin Physicians Service  
[www.TRICARE4u.com](http://www.TRICARE4u.com)  
1-866-773-0404

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TRICARE North Region  
Health Net Federal Services, LLC  
[www.hnfs.com](http://www.hnfs.com)  
1-877-TRICARE (1-877-874-2273)

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TRICARE South Region  
Humana Military, a division of  
Humana Government Business  
[HumanaMilitary.com](http://HumanaMilitary.com)  
1-800-444-5445

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TRICARE West Region  
UnitedHealthcare Military & Veterans  
[www.uhcmilitarywest.com](http://www.uhcmilitarywest.com)  
1-877-988-WEST (1-877-988-9378)

